



PATENT  
450117-02749

8/B  
1/30/04  
DS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Jens WILDHAGEN  
Serial No. : 09/691,711  
For : DIGITAL STEREO DEMULTIPLEXER  
Filed : October 18, 2000  
Examiner : Khanh C. Tran  
Art Unit : 2631

RECEIVED

JAN 29 2004

Technology Center 2600

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 22, 2004.

Dennis M. Smid, Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

January 22, 2004

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 24, 2003, please amend this application as follows.



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450117-02749

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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1)                                     | (2)<br>Claims remaining after<br>amendment | (3)   | (4)<br>Highest<br>number<br>previously<br>paid for | (5)<br>Present extra | (6)<br>Rate | (7)<br>Additional<br>Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims                            | 9  | Minus | ** =20   | * 0 x                | \$18 (9)    | = \$ 0                   |
| Independent claims                      | 2  | Minus | *** =3   | * 0 x                | \$86 (43)   | = \$ 0                   |
| Total additional fee for this amendment |  |       |  |                      |             | \$ 0                     |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

January 22, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

By:

Dennis M. Smid  
Reg. No. 34,930